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DEEP BITE - REASON, SYMPTOM

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Abstract:

A deep bite is a type of malocclusion characterized by a significant vertical overlap of the lower incisors with the upper incisors during jaw closure. A deep bite is one of the most frequently encountered bite anomalies in the daily practice of an orthodontist. According to various data, the prevalence of deep bite among the population varies from 6 to 51%. In the structure of occlusal anomalies, deep bite occupies about 20%. In dentistry, a deep bite is sometimes called a "damaging bite", "reduced bite", "deep incisor or frontal occlusion", "deep incisor occlusion or disocclusion".

CAUSE OF DEEP BITE

The formation of a deep bite can be caused by genetic, intrauterine and postnatal factors (general diseases, dental and maxillofacial pathology, harmful habits).

Often, a deep bite is inherited from the parents, along with specific features of the dental-jaw system and the structure of the facial skeleton. Congenital deformities of the face (such as "cleft palate" and "rabbit lip") also contribute to the development of malocclusion. Among the prenatal factors, the most important are diseases of the pregnant woman, toxicosis, infections in the womb, mechanical injuries, hypoxia of the fetus, multiple pregnancies, delayed development in the womb, etc.

The formation of a deep bite in the postnatal period can cause hypotrophy, rickets and rickets-like diseases that negatively affect the growth and development of the child's bones, disorders of the period of eruption of milk teeth and replacement of permanent teeth, diseases of the gastrointestinal tract and ENT organs. and may depend on others. A deep bite is often accompanied by congenital or acquired defects of the locomotor system, such as anomalies of the spine, congenital muscular crooked neck, stature disorders, and systemic diseases of the skeleton.

In a number of cases, deep bite, removal of milk or permanent molars, dental anomalies: their size (macrid) and quantity (supernumerary teeth), tongue and labial junction anomalies, presence of diastema, numerous caries, partial adentia,



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pathological decay of teeth, it is etiologically related to trauma and osteomyelitis of the jaws, ankylosis of the temporomandibular joint, etc.

Harmful habits that cause deep bite in children include finger and various object sucking, lip biting, and long-term pacifier sucking.

DEEP BITE CLASSIFICATION

The criteria for the difference between a deep incisor block, a deep bite and a deep incisive bite is the localization of the incisor-bump contact.

If the contact of the incisal edges of the lower teeth with the palatal cusps of the upper teeth is preserved (i.e. incisor-cusp contact), it is said about excessive (deep) incisal occlusion. The deep bite itself is characterized by a significant blocking of the lower incisors with the upper incisors and the absence of incisor-bump contact between them. If the cutting edges of the lower incisors make contact with the palate or gums, the bite is considered a deep injury. Such forms of bite can be considered as stages of a single pathological process, that is, under certain conditions (tooth extraction, pathological decay), an excessive incisor bite can turn into a deep bite, and it can turn into a deep incisive bite.

There are 3 levels of bite disorders in orthodontics based on the size of the crowns of the central incisors:

Level I — obstruction from 1/3 to 2/3 of its height (3-5 mm);

II degree — from 2/3 of its height to complete crown obstruction (5-9 mm);

III degree - the obstruction exceeds the height of the crown (more than 9 mm).

Depending on the location of the front upper teeth (vestibular or oral interactions of the frontal teeth), prognathic (drop-shaped) and blocking forms of deep bite are distinguished. Deep distal and deep neutral bite are distinguished by the nature of the interaction of lateral incisors.

Functional changes in a deep bite are manifested by breaking the bite, chewing difficulties, speech defects (patients speak "between the teeth"), breathing disorders. A deep bite is often accompanied by a violation of the tone of the masticatory muscles, resulting in the development of temporomandibular joint dysfunction and arthrosis: throbbing pain, grinding, clicking sound in the joint area, bruxism, headache pains.



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